

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Livingston

Township

City Chillicothe

(No.)

Registration District No. 508Primary Registration District No. 3026File No. 38135Registered No. 138

St.

Ward)

2. FULL NAME Thomas Courtney Campbell

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. T. C. Campbell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.710208. Trade, profession, or particular
kind of work done, as planer,
sawyer, bookkeeper, etc.Retired Merchant9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)KentuckyFATHER
MOTHER13. NAME Elick Campbell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky15. MAIDEN NAME Miss ---- Courtney16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

17. INFORMANT

(ADDRESS)

Mervin CiesChillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Edgewood

DATE

10-19-

1937

19. UNDERTAKER

(ADDRESS)

F. B. NormanChillicothe, Missouri

20. FILED

Oct. 18, 1937Donald H. CampbellRegistrar

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937 to Oct. 17, 1937I last saw him alive on Oct. 16, 1937 Death is saidto have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onsetsev. yrs. ago

Other contributory causes of importance:

arteriosclerosis 131

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Emory

, M. D.

(Address) Chillicothe, Mo.

MAY 3 1945

MAY 15 1945

OCT 20 1945